

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

FILED

SEP 01 2022 *AK*

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

Michael Mayo

Judge Hon. Robert M. Dow Jr.

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

Case No: 21-CV-05014
(To be supplied by the Clerk of this Court)

Tom Dart

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

Amended Complaint

CHECK ONE ONLY:

☒

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

☐

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

☐

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

I. Plaintiff(s):

- A. Name: Michael Cooper Mayo
- B. List all aliases: N/A
- C. Prisoner identification number: 20181127027
- D. Place of present confinement: Cook County Jail
- E. Address: 2700 South California Chicago, IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Tom Dart
Title: Cook County Sheriff
Place of Employment: Cook County Dept. of Corrections
- B. Defendant: _____
Title: _____
Place of Employment: _____
- C. Defendant: _____
Title: _____
Place of Employment: _____

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

On March 13, 2020 plaintiff became aware of the COVID-19 virus spreading throughout the jail. At the same time CCDOC decided to stop passing out soap. Grievance filed Mar 13, 2020 (Exhibit A) During this time all services were stopped (Law Librarian, sheet exchange, sick call, dentist, laundry, showers backed up, grievances are not given out) In addition guards sit outside deck offering no protection. On March 30, 2020 plaintiff filed grievance for no mask, gloves or hand sanitizer. There is no social distance on 3G which is a dorm with 39 men at (Exhibit B) On April 17, 2020 plaintiff tested positive for COVID-19 virus. On April 24, 2020 plaintiff filed grievance stating Cook County Sheriffs and Cermak health did not take appropriate measures to protect me from the virus. (Exhibit C) On May 2, 2020 CCDOC was in violation of federal judges injunction on COVID-19. Plaintiff filed grievance on May 2, 2020 (Exhibit D) After plaintiff's deck (division 8/36) was quarantined, CCDOC continued to add newly infected inmates. Plaintiff filed grievance (Exhibit E)

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

CCDOC used COVID-19 virus as a reason to leave violence on 3G unchecked. Plaintiff's safety was in danger on a daily basis. Plaintiff filed grievance on May 4, 2020 (Exhibit F) On Sept. 7, 2020 Plaintiff filed grievance for the continued neglectful behavior as it relates to COVID-19 (Exhibit G) Tom Dart created or was aware of a policy he endorsed which allowed inmates from other divisions with a violent or disruptive demeanor to be housed with inmates that did not have this history. This policy was created due to the COVID-19 virus. Had it not been for this policy these violent disruptive inmates would never have been housed in a dorm setting. This policy also prevented moving these violent and disruptive inmates without the approval of a director. For this reason many of these inmates remained in a dorm setting regardless of their behavior.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

On Dec. 30, 2021, nearly two years later with multiple variations of the COVID-19 virus running rampant, CCDOC (Tom Dart) continues to put my life in danger. During the later part of December 2021, an inmate by the name of Donald Hayward (inmate # A47947) was placed on my deck of 3F. Donald was presumed cleared of the COVID-19 virus (after testing positive) when placed on 3F. During Donald's short stay on 3F he complained to medical and security staff of not feeling well. Not until a week of Donald's complaints was he removed from the deck and tested for the COVID-19 virus. (Dec. 30, 2021) The following day Donald was replaced by Marice Fullson, who came directly off the street. Mr Fullson was not tested for COVID-19 nor was he placed in quarantine, which is protocol for someone coming right off

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

the streets. On the morning of Dec. 31, 2021 our tier of 3F was informed that Donald Haywood had tested positive for the COVID-19 virus and our deck was now on quarantine. It is clear from these two situations CCDOC nor Tom Dart have learned from their mistakes.

On Feb 9, 2022 inmate Earl Wilson was removed from our deck because of exposure to COVID-19. This is now the 2nd time we have been placed under quarantine in less than a month. The jail claims they are taking steps to protect us, but they are not working. We have been asking for hand sanitizer for over a week with no results. The mask that are provided are the cheapest on the market. Worldwide it has been advised that the KN95 mask be used to protect from the COVID-19 virus. ^(Exhibit H) With an organization of this size Tom Dart should have developed protocols that really reduce the spread of the virus. For the next several months the virus jumped from one person to another on our deck, causing us to be on what seemed to be an endless period of quarantine and loss of court dates.

Revised 9/2007

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I am seeking compensatory, punitive and nominal
damages. Also any awards the court finds
proper and just.

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 19th day of Aug, 2022

Michael Mayo
(Signature of plaintiff or plaintiff)

Michael Mayo
(Print name)

20181127027
(I.D. Number)

2700 South California
Chicago, IL 60608
(Address)

Exhibit A



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY

- ☒ Emergency Grievance
☐ Grievance
☐ Non-Compliant Grievance

- ☐ Cermak Health Services
☐ Superintendent: _____
☐ Other: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del Preso)

Mayo

Michael

20181127027

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

8

3G

March 13, 2020

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grievance must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grievance is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate; or decisions of the inmate disciplinary hearings officer.

The grievance must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grievance must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grievance must not be a repeat submission of a grievance that previously received a response and was appealed.

The grievance must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grievance must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso, o voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante.

La solicitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED -
DATE OF INCIDENT
(Fecha del Incidente)REQUIRED -
TIME OF INCIDENT
(Hora del Incidente)REQUIRED -
SPECIFIC LOCATION OF INCIDENT
(Lugar Específico del Incidente)REQUIRED - Tom Dart
NAME and/or IDENTIFIER(S) OF ACCUSED
(Nombre y/o Identificación del Acusado)March 13,
2020

all day

Division 8 / 3G

Cook County Sheriff
Cook County Jail

I am 43 and diabetic. Today I found out that we are no longer issued soap, in addition to that we are no longer able to buy soap from commissary. The County has decided to issue us .35 oz Amer fresh 3 in' packs. At a time when a virus is running rampant they take soap away. These 3 in' packs are not enough to last a week. Being diabetic along with my other health issues it is important that I stay clean! Now because of the soap issue we can not wash our clothes either. This is not healthy for anyone to live under these conditions.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE: (Firma del Preso):

Sent. Bowers and Officers on duty

Michael C. Mayo

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

W. Scates

W. Scates

3-17-20

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

COOK COUNTY SHERIFF'S OFFICE

(Oficina Del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE/ APPEAL FORM

(Formulario de Queja del Preso/ Apelación)

CONTROL NUMBER

INMATE #

2020

02963

794313

INMATE INFORMATION TO BE COMPLETED BY INMATE SERVICES PERSONNEL ONLY

INMATE LAST NAME (Apellido del Preso): Mayo INMATE FIRST NAME (Primer Nombre): Michael ID Number (# de identificación): 2018-1127027

GRIEVANCE ISSUE AS DETERMINED BY CRW: 100 - Hygiene

IMMEDIATE CRW RESPONSE (if applicable):

CRW REFERRED THIS GRIEVANCE TO: (Example: Superintendent, Cermak Health Services):

OSINT - Supt

DATE REFERRED:

3/18/20

RESPONSE BY PERSONNEL HANDLING REFERRAL

Hand is passed out 2x daily. There is no package of soap.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

[Signature]

SIGNATURE:

[Signature]

DIV/DEPT:

08/100A

DATE:

4/20/20

DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

4/30/20

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

To exhaust administrative remedies, grievance appeals must be made within 15 calendar days of the date the inmate received the response. An appeal must be filed in all circumstances in order to exhaust administrative remedies.

(Con el fin de agotar los recursos administrativos, las apelaciones de las quejas se deben realizar en el plazo de 15 días después de que el recluso haya recibido la respuesta. La apelación se debe enviar en todos los casos a fin de agotar los recursos administrativos.)

INMATE COPY

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del preso): May 15 2020

During the time this grievance was filed no soap was being distributed. This was during a period when COVID-19 was spreading rapidly in the Cook County Jail.

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

Yes (Si) ☐No (No) ☒

(Apelación del preso aceptada por el administrador o/su designado(a)?)

INMATE SERVICES DIRECTOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decisión o recomendación por parte del administrador o/su designado(a):)

It takes time to measures to take place due to the extenuating circumstances, of COVID-19.

INMATE SERVICES DIRECTOR/DESIGNEE (Administrador o/su Designado(a)):

[Signature]

SIGNATURE (Firma del Administrador o/su Designado(a)):

[Signature]

DATE (Fecha):

5/14/20

THIS SECTION IS TO BE COMPLETED BY INMATE

INMATE SIGNATURE (Firma del Preso):

[Signature]

DATE APPEAL RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

5/26/20

Exhibit B



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

- ☒ Emergency Grievance
☐ Grievance
☐ Non-Compliant Grievance

- ☐ Cermak Health Services
☐ Superintendent:
☐ Other:

PRINT - INMATE LAST NAME (Apellido del Preso):

Mayo

PRINT - FIRST NAME (Primer Nombre):

Michael

INMATE BOOKING NUMBER (# de identificación del Preso)

20181127027

DIVISION (División):

8

LIVING UNIT (Unidad):

36

DATE (Fecha):

March 30, 2020

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grievance must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grievance is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearing officer.

The grievance must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grievance must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grievance must not be a repeat submission of a grievance that previously received a response and was appealed.

The grievance must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grievance must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas; que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendario a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso, o voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendario.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibió no someter una apelación sobre la decisión dada en los 15 días calendario.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante.

La solicitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED -
DATE OF INCIDENT
(Fecha del Incidente)March
30, 2020REQUIRED -
TIME OF INCIDENT
(Horas del Incidente)

all day

REQUIRED -
SPECIFIC LOCATION OF INCIDENT
(Lugar Especifico del Incidente)

Division 8 / 36

REQUIRED - Tom Dart
NAME and/or IDENTIFIER(S) OF ACCUSED
(Nombre y/o identificación del Acusado)Cook County Sheriff
Cook County

I am 43 years old and have a compromised immune system due to multiple health conditions (Kidney failure, diabetes and high blood pressure). On multiple dates I have asked for protective gear such as mask, gloves or hand sanitizer, to date none of these things have been provided. In addition with the spread of the COVID19 virus, that has been identified on the 3rd floor where I am housed there has been no cleaning of the living area or the shower space in months. Our clothes are cleaned at best every 2-3 weeks. Finally what is even more crazy is the expectation of social distance in a space of about 3500ft² with almost 40 men whose bunks are only 36 inches apart.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

Cameras and staff

INMATE SIGNATURE: (Firma del Preso):

Michael Mayo

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

S Davis

SIGNATURE:

S Davis

DATE CRW/PLATOON COUNSELOR RECEIVED:

4-9-20

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

COOK COUNTY SHERIFF'S OFFICE

(Oficina Del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE/ APPEAL FORM

(Formulario de Queja del Preso/ Apelación)

CONTROL NUMBER

INMATE #

03615

794313

INMATE INFORMATION TO BE COMPLETED BY INMATE SERVICES PERSONNEL ONLY

INMATE LAST NAME (Apellido del Preso):

INMATE FIRST NAME (Primer Nombre):

ID Number (# de Identificación):

Mayo

Michael

20181122027

GRIEVANCE ISSUE AS DETERMINED BY CRW:

IMMEDIATE CRW RESPONSE (if applicable):

CRW REFERRED THIS GRIEVANCE TO (Example: Superintendent, Cermak Health Services):

DATE REFERRED:

Sgt. Sup. DOC C. Acuna (V8)

4/10/20

RESPONSE BY PERSONNEL HANDLING REFERRAL

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

H. D.

H. D.

08/MTA

4/20/20

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

Delu. VHA COVID 19 - Paoz Chy

4/30/20

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

To exhaust administrative remedies, grievance appeals must be made within 15 calendar days of the date the inmate received the response. An appeal must be filed in all circumstances in order to exhaust administrative remedies.

(Con el fin de agotar los recursos administrativos, las apelaciones de las quejas se deben realizar en el plazo de 15 días después de que el recluso haya recibido la respuesta. La apelación se debe enviar en todos los casos a fin de agotar los recursos administrativos.)

INMATE COPY

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del preso): May 15 2020

The first inmate with COVID-19 was taken of our deck in early March when we made our request for mask. It was not until mid April that we received mask for after everyone on the deck was infected with COVID-19. This is like giving me a glass after someone poured milk on the floor!

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

Yes (Si) ☐No (No) ☒

(Apelación del preso aceptada por el administrador o/su designado(a)?)

INMATE SERVICES DIRECTOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decisión o recomendación por parte del administrador o/su designado(a):)

ORIGINAL RESPONSE STANDS

INMATE SERVICES DIRECTOR/DESIGNEE (Administrador o/su Designado(a)):

SIGNATURE (Firma del Administrador o/su Designado(a)):

DATE (Fecha):

162K6

J. S.

5/14/20

INMATE SIGNATURE (Firma del Preso):

DATE APPEAL RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

Delu. VHA COVID 19 Paoz Chy

5/20/20

Exhibit C



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

794313

☒ Emergency Grievance☐ Grievance☒ Non-Compliant Grievance☐ Cermak Health Services☐ Superintendent: _____☐ Other: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

Mayo

PRINT - FIRST NAME (Primer Nombre):

Michael

INMATE BOOKING NUMBER (#de identificación del Preso)

20181127027

DIVISION (División):

8

LIVING UNIT (Unidad):

3G

DATE (Fecha):

April 24, 2020

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grievance issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grievance issue is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearing officer.

The grievance issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker).

The grievance issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grievance issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grievance issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grievance issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outside hospitals, etc.

DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

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El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendario a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso, o voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendario.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted decide no someter una apelación sobre la decisión dada en los 15 días calendario.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante.

La solicitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED -
DATE OF INCIDENT
(Fecha del Incidente)on 4/24/20
goingREQUIRED -
TIME OF INCIDENT
(Horas del Incidente)on
goingREQUIRED -
SPECIFIC LOCATION OF INCIDENT
(Lugar Específico del Incidente)

Division 8/3G

REQUIRED - Tom Dart
NAME and/or IDENTIFIER(S) OF ACCUSED
(Nombre y/o identificación del Acusado)Cook County Sheriff
Medical Staff

I have been in the custody of the Cook County Sheriff's since Nov. 27, 2018. I have been exposed to and tested positive for COVID-19 due to the conditions at the Cook County Jail. The Sheriff's have not taken appropriate measures to protect me from the virus.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

Cameras / Staff

INMATE SIGNATURE: (Firma del Preso):

Michael Mayo

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

Exhibit D



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY. (Esta sección debe ser completada por el personal de servicios de internos.)

- ☒ Emergency Grievance
☐ Grievance
☐ Non-Compliant Grievance

- ☐ Cermak Health Services
☐ Superintendent: _____
☐ Other: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

Mayo

PRINT - FIRST NAME (Primer Nombre):

Michael

INMATE BOOKING NUMBER (# de identificación del Preso)

20181127027

DIVISION (División):

8

LIVING UNIT (Unidad):

3G

DATE (Fecha):

May 2, 2020

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grievance must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grievance is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearing officer.

The grievance must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grievance must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grievance must not be a repeat submission of a grievance that previously received a response and was appealed.

The grievance must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grievance must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendario a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendario.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendario.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante.

La solicitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED -
DATE OF INCIDENT
(Fecha del Incidente)May 2,
2020REQUIRED -
TIME OF INCIDENT
(Horas del Incidente)May 2, 2020
12:01 AMREQUIRED -
SPECIFIC LOCATION OF INCIDENT
(Lugar Especifico del Incidente)

Division 8/3G

REQUIRED - Tom Dart
NAME and/or IDENTIFIER(S) OF ACCUSED
(Nombre y/o Identificación del Acusado)

Cook County Sheriffs

I am in the custody of CCDOC. On April 27, 2020 a federal judge placed an injunction on CCDOC requiring them to provide daily mask to all inmates, hand sanitizer, stop the use of bullpens and group housing. CCDOC was given until Friday May 1, 2020 to comply with this order. As of May 2, 2020 CCDOC is still in violation of this federal judges injunction.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

Cameras and staff

INMATE SIGNATURE: (Firma del Preso):

Michael Mayo

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

Supri L FENDERBOW

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

5-4-20

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

Swanega

SIGNATURE:

DATE REVIEWED:

5-11-20



COOK COUNTY SHERIFF'S OFFICE

(Oficina Del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE/APPEAL FORM

(Formulario de Queja del Preso/ Apelación)

INMATE COPY

Swanigan

CONTROLLED BY:

2020

4749

794313

INMATE INFORMATION TO BE COMPLETED BY INMATE SERVICES PERSONNEL ONLY

INMATE LAST NAME (Apellido del Preso):

MAYO

INMATE FIRST NAME (Primer Nombre):

MICHAEL

ID Number (# de identificación):

2018/127027

GRIEVANCE ISSUE AS DETERMINED BY CRW:

CCO COVID-19

IMMEDIATE CRW RESPONSE (if applicable):

Command staff notified immediately

CRW/ REFERRED THIS GRIEVANCE TO (Example: Superintendent, Carmak Health Services):

DATE REFERRED:

5/12/20

RESPONSE BY PERSONNEL HANDLING REFERRAL

PLEASE SEE INMATE'S REQUEST FOR AN APPEAL. THE INMATE HAS REQUESTED THAT THE CRW BE REASSIGNED TO A DIFFERENT CRW. THE CRW IS CURRENTLY ON LEAVE. THE CRW IS CURRENTLY ON LEAVE. THE CRW IS CURRENTLY ON LEAVE.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV./DEPT.:

DATE:

INMATE SIGNATURE (Firma del Preso):

Michael Mayo

Delv Via COVID19

DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

5/19/2020

INMATE'S REQUEST FOR AN APPEAL

To exhaust administrative remedies, grievance appeals must be made within 15 calendar days of the date the inmate received the response. An appeal must be filed in all circumstances in order to exhaust administrative remedies.

(Con el fin de agotar los recursos administrativos, las apelaciones de las quejas se deben realizar en el plazo de 15 días después de que el recluso haya recibido la respuesta. La apelación se debe enviar en todos los casos a fin de agotar los recursos administrativos.)

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del preso):

May 126/2020

During the time my original grievance was filed none of the above mentioned was being done. It has become a practice of CCO to not respond to a grievance until they have had a chance to come what fix the problem. If there was never a problem why would I write a grievance?

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

Yes (Si) ☐

(Apelación del preso aceptada por el administrador o/su designado(a)?)

INMATE SERVICES DIRECTOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decisión o recomendación por parte del administrador o/su designado(a):)

CCO is in compliance with all current court orders, as well as all state and CCR guidelines.

INMATE SERVICES DIRECTOR/DESIGNEE (Administrador o/su Designado(a):)

SIGNATURE (Firma del Administrador o/su Designado(a):)

DATE (Fecha):

10/2/20

[Signature]

6/4/20

INMATE SIGNATURE (Firma del Preso):

Delv Via COVID19

DATE APPEAL RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

6/12/2020

Exhibit E



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

- ☒ Emergency Grievance
☐ Grievance
☐ Non-Compliant Grievance

- ☐ Cermak Health Services
☐ Superintendent: _____
☐ Other: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

Mayo

PRINT - FIRST NAME (Primer Nombre):

Michael

INMATE BOOKING NUMBER (# de identificación del Preso)

20181127027

DIVISION (División):

8

LIVING UNIT (Unidad):

36

DATE (Fecha):

May 2, 2020

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grievance must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grievance is not one of the following non-grievable matters: Inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grievance must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grievance must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grievance must not be a repeat submission of a grievance that previously received a response and was appealed.

The grievance must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grievance must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at other hospitals, etc.

DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes: temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante.

La solicitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED -

DATE OF INCIDENT

(Fecha del Incidente)

on
going

REQUIRED -

TIME OF INCIDENT

(Horas del Incidente)

on going

REQUIRED -

SPECIFIC LOCATION OF INCIDENT

(Lugar Específico del Incidente)

Division 8/36

REQUIRED -

NAME and/or IDENTIFIER(S) OF ACCUSED

(Nombre y/o identificación del Acusado)

Tom Dart / Medical Staff
Cook County Sheriffs
Cook County Jail

On April 17, 2020 most of the inmates on 36 division 8 tested positive for COVID-19 virus. The 5 inmates that did not test positive were moved to 3F. Those of us that were left on 36 were told we were being placed under quarantine for two weeks. For the past two weeks multiple inmates who tested positive have been added to our deck. According to a statement made by the head nurse Ms. Anderson on May 2, 2020 individuals who had COVID-19 and recovered can be re-infected if re-exposed to the virus. According to a statement made by Dr. Ennis on May 1, 2020, CDOC is adding newly infected inmates with our deck to see if we become infected. We are lab rats!

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

Cameras, Nurse Anderson, Dr Ennis

INMATE SIGNATURE: (Firma del Preso):

Michael Mayo

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

S. J. L. F. F. F.

SIGNATURE:

S. J. L. F. F. F.

DATE CRW/PLATOON COUNSELOR RECEIVED:

5-4-20

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

S. J. L. F. F. F.

SIGNATURE:

S. J. L. F. F. F.

DATE REVIEWED:

5-11-20

INMATECRIVIANCERES: CINQUE
(Formulario de Queja del Preso/ Apelación)

CONTROL NUMBER

2020

C4797

794313

Michael

20121937027

005. COVID-14

RTU Disciplinary Notified immediately
FROM: RECDDED THE GRIEVANCE TO: (Example: Superintendent, Carmak Health Services):

CRW/ REFERRED THIS GRIEVANCE TO (Example: Superintendent, Cermak Health Services):

DATE REFERRED:

5, 12, 2A

Cannot prove/disprove allegation of conversation. Nurse is permitted to remain professional at all times. You have a code for Primary Care & can discuss your concerns further. Combs provides medical records to its patients. Then disclosure was appropriate. Cannot discuss with

PERSONNEL RESPONDING TO GRIEVANCE (Print): _____ SIGNATURE: _____ DN/DEN: _____ DATE: _____

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DN / DÉP

DATE _____

Susan Shchel

Dean Akel

6/2/20

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

INMATE SIGNATURE (Firma del Preso):
Delv. Via COVID 19 Proc. Chng

6 | 9 | 888

To exhaust administrative remedies, grievance appeals must be made within 15 calendar days of the date the inmate received the response. An appeal must be filed in all circumstances in order to exhaust administrative remedies.

(Con el fin de agotar los recursos administrativos, las apelaciones de las quejas se deben realizar en el plazo de 15 días después de que el recluso haya recibido la respuesta. La apelación se debe enviar en todos los casos a fin de agotar los recursos administrativos.)

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del preso:) June / 16 / 2020

The facts are the facts. I can prove the allegations because I heard it with my own ears.

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?Yes (Si) ☐

No ☒

(Apelación del preso aceptada por el administrador o/su designado(a)?)

Apelación del preso aceptada por el administrador o/su designado(a)?
DIRECTOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision or recommendation por parte del administrador o su designado(a))
Research activities have been conducted.

INMATE SERVICES DIRECTOR/DESIGNEE (Administrator o/su Designado(a)):

SIGNATURE (Firma del Administrador o/su Designado(a)):

DATE (Fecha):

SERVICES DIRECTOR/DESIGNEE (Administrator or o/su Designado(a)):

DATE(Fecha): 06/19/20

INMATE SIGNATURE (Firma del Preso):

DATE APPEAL RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

Alv. via COVID 19 Proc. Chrg

6, 22, 2020

IMMATE COPY

Exhibit F



(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

(1 of 3)

2020 * 04912

794313

- ☒ Emergency Grievance
☐ Grievance
☐ Non-Compliant Grievance

☐ Cermak Health Services☐ Superintendent:☒ Other: O.P.R.-I.S.

PRINT - INMATE LAST NAME (Apellido del Preso):

Mayo

PRINT - FIRST NAME (Primer Nombre):

Michael

INMATE BOOKING NUMBER (# de identificación del Preso)

20181127027

DIVISION (División):

8

LIVING UNIT (Unidad):

3G

DATE (Fecha):

May 4, 2020

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grievance must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grievance must be one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearing officer.

The grievance must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grievance must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grievance must not be a repeat submission of a grievance that previously received a response and was appealed.

The grievance must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grievance must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance must not pertain to non-jail related concerns such as with arrest warrants, judicial matters, or medical staff at outside hospitals, etc.

DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso, o voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante.

La solicitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED -
DATE OF INCIDENT

(Fecha del Incidente)

April 22, 2020

April 29, 2020

May 2, 2020

REQUIRED -
TIME OF INCIDENT

(Hora del Incidente)

Various

REQUIRED -
SPECIFIC LOCATION OF INCIDENT

(Lugar Especifico del Incidente)

Division 8/3G

REQUIRED - Tom Dart/Medical Staff
NAME and/or IDENTIFIER(S) OF ACCUSED

(Nombre y/o identificación del Acusado)

Cook County Sheriffs

In the Cook County Department of Corrections inmate information

handbook, Chapter 3 inmates rights, privileges and services page 9,

Number 11 states, "you should feel safe in your living unit."

I am housed in division 8/3G, in less than 2 weeks I have experienced three violent attacks by inmates with little or no assistance from CCDC. On April 22, 2020 I witnessed a vicious attack on an inmate who slept in bunk 3G13. This inmate was attacked by a mob of inmates in the bathroom. There was never any assistance from CCDC.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

Cameras and Staff

INMATE SIGNATURE: (Firma del Preso):

Michael Mayo

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

CRW FREEMAN

SIGNATURE:

CRW FREEMAN

DATE CRW/PLATOON COUNSELOR RECEIVED:

12 MAY 20

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

(2 of 3)

CONTROL #

INMATE ID #

2020* 04912

794313

- ☒ Emergency Grievance
☐ Grievance
☐ Non-Compliant Grievance

- ☐ Cermak Health Services
☐ Superintendent:
☒ Other: O.P.R.-I.S.

PRINT - INMATE LAST NAME (Apellido del Preso):

Mayo

PRINT - FIRST NAME (Primer Nombre):

Michael

INMATE BOOKING NUMBER (# de identificación del Preso)

20181127027

DIVISION (División):

8

LIVING UNIT (Unidad):

36

DATE (Fecha):

May 4, 2020

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grievance must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grievance is not one of the following non-grievable matters: Inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grievance must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grievance must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grievance must not be a repeat submission of a grievance that previously received a response and was appealed.

The grievance must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grievance must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante.

La solitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED -
DATE OF INCIDENT
(Fecha del Incidente)REQUIRED -
TIME OF INCIDENT
(Hora del Incidente)REQUIRED -
SPECIFIC LOCATION OF INCIDENT
(Lugar Específico del Incidente)REQUIRED - Tom Dast / Medical Staff
NAME and/or IDENTIFIER(S) OF ACCUSED
(Nombre y/o Identificación del Acusado)Apr 12, 2020
Apr 29, 2020
May 2, 2020

Various

Division 8/36

Cook County Sheriffs

The inmate stumbled to the front door bleeding and with multiple contusions. On April 29, 2020 I was maced and witnessed savage attacks to a fellow inmate that included him being hit with a computer and attacked by more than five inmates. I witnessed him beating on the security glass while he screamed for help from Cook County Sheriffs. Once again there was no assistance for over an hour. On May 2, 2020 I witnessed a brutal fight between two inmates. Even after several minutes of them beating each other to a bloody pulp no sheriff

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

Cameras and Staff

INMATE SIGNATURE: (Firma del Preso):

Michael Mayo

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

(3053)

CONTROL #

INMATE ID #

2020 * 0410

794313

THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY

FOLIO DE CONTROL DE QUEJAS DE INMATES SERVICIOS

- ☒ Emergency Grievance
☐ Grievance
☐ Non-Compliant Grievance

- ☐ Cermak Health Services
☒ Superintendent
☐ Other: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

Mayer

PRINT - FIRST NAME (Primer Nombre):

Michael

INMATE BOOKING NUMBER (# de identificación del Preso)

20181127027

DIVISION (División):

8

LIVING UNIT (Unidad):

36

DATE (Fecha):

May 4, 2020

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grievance issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grievance issue is not one of the following non-grievable matters: Inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grievance issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism, no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grievance issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grievance issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grievance issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grievance issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante.

La solicitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

| REQUIRED - DATE OF INCIDENT (Fecha del Incidente) | REQUIRED - TIME OF INCIDENT (Horas del Incidente) | REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente) | REQUIRED - Tom War + Medical Staff NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o identificación del Acusado) |
|---|---|---|---|
| April 22, 2020 April 29, 2020 May 3, 2020 | Various | Division 8/36 | Cook County Sheriffs |

entered the deck. The only assistance that was given was one sheriff yelling "Stop fighting" to the inmates. As a result of this unchecked violence I can not sleep and when I do sleep I have violent nightmares. After enduring the stress of no court, testing positive for COVID19 and the neglectful behavior of CCDOC I am requesting a psych evaluation.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
 (Nombre del personal o presos que tengan información:)

Cameras and Staff

INMATE SIGNATURE: (Firma del Preso):

Michael Mayer

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:


DATE REVIEWED:

COCK COUNTY SHERIFF'S OFFICE
 (Oficina Del Alguacil de Cock County)
INMATE GRIEVANCE RESPONSE/ APPEAL FORM
 (Formulario de Queja del Preso/ Apelación)

INMATE INFORMATION TO BE COMPLETED BY INMATE SERVICES PERSONNEL ONLY

| | | |
|---|--|--|
| INMATE LAST NAME (Apellido del Preso): MAVA | INMATE FIRST NAME (Primer Nombre): MICHAEL | ID Number (Nº de Identificación): 2018-1127027 |
| GRIEVANCE ISSUE AS DETERMINED BY CRW: 0800: FAILURE TO PROTECT | | |
| IMMEDIATE CRW RESPONSE (If applicable): CRW did provide inmate with CHS request form for any medical or psychiatric issues from alleged incident... | | |
| CRW/ REFERRED THIS GRIEVANCE TO (Example: Superintendent, Criminal Health Services): C.P.R. I.S. | | DATE REFERRED: 05.12.20 |

RESPONSE BY PERSONNEL HANDLING REFERRAL

| | | | |
|---|---|--------------------------------|-------------------------|
| PERSONNEL RESPONDING TO GRIEVANCE (Print): Sgt. LEONARD | SIGNATURE:  | DIV./DEPT.: IS Admin | DATE: 5/12/20 |
|---|---|--------------------------------|-------------------------|

| | |
|--|---|
| INMATE SIGNATURE (Firma del Preso): Delv. via COVID 19 Proc Chng | DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida): 5.12.2020 |
|--|---|

INMATE'S REQUEST FOR AN APPEAL

To exhaust administrative remedies, grievance appeals must be made within 15 calendar days of the date the inmate received the response. An appeal must be filed in all circumstances in order to exhaust administrative remedies.
 (Con el fin de agotar los recursos administrativos, las apelaciones de las quejas se deben realizar en el plazo de 15 días después de que el recluso haya recibido la respuesta. La apelación se debe enviar en todos los casos a fin de agotar los recursos administrativos.)

INMATE COPDATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del preso): **May 14 / 2020**

I have never been given a medical request form during this period. Only a sign up sheet, which I was the first on the list but was never called. Cock County Sheriff did not take appropriate measures to protect me. Please review cameras to support my claims.

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL? Yes (SI) ☐ No (N) ☒
 (Apelación del preso aceptada por el administrador o/su designado(a)?)

INMATE SERVICES DIRECTOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decisión o recomendación por parte del administrador o/su designado(a):)

Original Response to Inmate

| | | |
|---|--|---------------------------------|
| INMATE SERVICES DIRECTOR/DESIGNEE (Administrador o/su Designado(a)): J. Mueller | SIGNATURE (Firma del Administrador o/su Designado(a)):  | DATE (Fecha): 5/27/20 |
|---|--|---------------------------------|

| | |
|--|--|
| INMATE SIGNATURE (Firma del Preso): Delv. via COVID 19 Proc Chng | DATE APPEAL RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida): 5.28.20 |
|--|--|

Inmate Grievance Number: 2020x04912
Numero De Queja

Your allegation(s) have been forwarded to the Offices of Professional Review and Divisional Superintendent for review and/or investigation.

Su alegación(es) han sido enviadas a la Oficina del Departamento de Revisión Professional (OPR) y al Superintendente de la División para una revisión y/o investigación.

You may follow-up with the Office of Professional Review by contacting their office directly, by utilizing the address below or submitting an inmate request form, to speak with the Divisional Superintendent.

Usted podrá darle seguimiento a su alegación(es), contactando al Departamento de Revisión Professional (OPR) de manera directa, utilizando la dirección que está en la parte de abajo o sometiendo una Forma de Solicitud del Preso para poder hablar con el Superviniente de la División.

To exhaust your administrative remedy (regardless of the OPR investigation review, determination or outcome) you must appeal this immediate grievance response within 15 calendar days.

Con el fin de agotar los recursos administrativos (independiente de la revisión de la investigación, decisión o el resultado de OPR) usted debe apelar la respuesta principal de esta queja dentro los 15 días calendarios.

**Office of Professional Review
3026 S. California Ave
Building 2 / 4th floor
Chicago, Illinois 60608**

INMATE COPY

Exhibit G



(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

(1 of 1)

CONTROL #

INMATE ID #

- ☒ Emergency Grievance
☐ Grievance
☐ Non-Compliant Grievance

- ☐ Cermak Health Services
☐ Superintendent: _____
☐ Other: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

Mayo

PRINT - FIRST NAME (Primer Nombre):

Michael

INMATE BOOKING NUMBER (#de identificación del Preso)

20181127027

DIVISION (División):

8

LIVING UNIT (Unidad):

3G

DATE (Fecha):

Sept. 7, 2020

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grievance must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grievance is not one of the following non-grievable matters: Inmate classification including designation of an inmate as a security risk or protective custody inmate; or decisions of the inmate disciplinary hearing officer.

The grievance must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grievance must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grievance must not be a repeat submission of a grievance that previously received a response and was appealed.

The grievance must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grievance form must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-fall related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendario a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendario.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted decide no someter una apelación sobre la decisión dada en los 15 días calendario.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante.

La solicitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED -
DATE OF INCIDENT
(Fecha del Incidente)

Sept. 7, 2020

REQUIRED -
TIME OF INCIDENT
(Horas del Incidente)12:00 -
12:30 PMREQUIRED -
SPECIFIC LOCATION OF INCIDENT
(Lugar Específico del Incidente)

Division 8/3G

REQUIRED - Cermak Health
NAME and/or IDENTIFIER(S) OF ACCUSED
(Nombre y/o identificación del Acusado)
Cook County Sheriff's
Tom Dart

Today between 12:00-12:30pm our detainee, division 8/3G was notified that an inmate had once again tested positive for COVID-19 virus. I tested positive for the COVID-19 virus on April 17, 2020. (I was re-tested on Aug. 11, 2020 with a negative result). On March 30, 2020 I notified CCDOC through a grievance that the conditions in division 8/3G were not conducive to a safe COVID-19 free environment. In the inmate grievance response/appeal form CCDOC stated, "All detainees have been given mask to wear." (Control # 2020-03615)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o preso que tengan información):

Nurse Anderson / Staff / Cameras Mr. Arias

INMATE SIGNATURE: (Firma del Preso):

Michael Mayo

SUPERINTENDENT/DIRECTOR/DESIGNEE: A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

Sneed (Wilson)

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

9/8/20

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



INMATE GRIEVANCE FORM
(Formulario de Queja del Preso)

(2 of 2)

| | | | |
|---|-------------------------------------|--|--|
| <input checked="" type="checkbox"/> Emergency Grievance <input type="checkbox"/> Grievance <input type="checkbox"/> Non-Compliant Grievance | | <input type="checkbox"/> Cermak Health Services <input type="checkbox"/> Superintendent: <input type="checkbox"/> Other: | |
| PRINT - INMATE LAST NAME (Apellido del Preso): | PRINT - FIRST NAME (Primer Nombre): | INMATE BOOKING NUMBER (# de identificación del Preso) | |
| Mayo | Michael | 2081127027 | |
| DIVISION (División): | LIVING UNIT (Unidad): | DATE (Fecha): | |
| 8 | 3G | Sept. 7, 2020 | |

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grievance must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

- The grievance is not one of the following non-grievable matters: Inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.
- The grievance must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)
- The grievance must not be a repeat submission of a grievance collected within the last 15 calendar days.
- The grievance must not be a repeat submission of a grievance that previously received a response and was appealed.
- The grievance must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.
- The grievance must not contain offensive or harassing language.
- The grievance form must not contain more than one issue.
- The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

- El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.
- El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso, tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.
- El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso, o voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).
- El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.
- El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.
- El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.
- El asunto de la queja no puede contener lenguaje ofensivo o amenazante.
- La solicitud de la queja no puede contener más de un asunto.
- El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

| | | | |
|--|---|---|---|
| REQUIRED - DATE OF INCIDENT (Fecha del Incidente) | REQUIRED - TIME OF INCIDENT (Horas del Incidente) | REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Especifico del Incidente) | REQUIRED - NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o Identificación del Acusado) |
| Sept 7, 2020 | 12:00 - 12:30pm | Division 8/3G | Cermak Health Cook County Sheriffs Tom Dart |
| <p>CCDOC has had months to correct there neglectful behavior, but has done little to nothing to improve our living conditions. We are still on a deck with 39 men who sleep with in 36 inches of each other, but according to a greivance response dated 5/12/20 Control # 2020-4799 "CCDOC is in compliance with all current court orders, as well as all state and CDC guidelines." We are now being subjected to re-infection and have been quarantined for 21 days. Re-infected inmate Efraim Arias #20180127004</p> | | | |
| NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: (Nombre del personal o presos que tengan información:) | | | INMATE SIGNATURE: (Firma del Preso): |
| Nurse Anderson / Staff / Cameros | | | Michael Mayo |
| SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION. | | | |
| CRW/PLATOON COUNSELOR (Print): | SIGNATURE: | DATE CRW/PLATOON COUNSELOR RECEIVED: | |
| Ineed (Wilson) | [Signature] | 9/8/20 | |
| SUPERINTENDENT/DIRECTOR/DESIGNEE (Print): | SIGNATURE: | DATE REVIEWED: | |
| | | | |



COOK COUNTY SHERIFF'S OFFICE

(Oficina Del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE/APPEAL FORM

(Formulario de Queja del Preso/ Apelación)

INMATE COPY

Sneed

202011482 794313

INMATE INFORMATION TO BE COMPLETED BY INMATE SERVICES PERSONNEL ONLY

| | | |
|---|---|---|
| INMATE LAST NAME (Apellido del Preso): MAYO | INMATE FIRST NAME (Primer Nombre): Michael | ID Number (# de identificación): 20181127027 |
| GRIEVANCE ISSUE AS DETERMINED BY CRW: CXC-CV Issues dx | | |
| IMMEDIATE CRW RESPONSE (if applicable): | | |
| CRW/ REFERRED THIS GRIEVANCE TO (Example: Superintendent, Cermak Health Services): DIV 824-apt | | DATE REFERRED: 9.9.20 |

RESPONSE BY PERSONNEL HANDLING REFERRAL

| | | | |
|--|-------------------------|--|--------------------|
| The CCSC has implemented procedures to reduce the spread of Covid-19 with guidance from the CDC and other health organizations | | | |
| PERSONNEL RESPONDING TO GRIEVANCE (Print): T. BOUTTE #736 | SIGNATURE: T. BOUTTE | DIV./DEPT.: RTU | DATE: 9.18.2020 |
| INMATE SIGNATURE (Firma del Preso): Deliv. via COVID 19 | | DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida) 09.22.20 | |

INMATE'S REQUEST FOR AN APPEAL

To exhaust administrative remedies, grievance appeals must be made within 15 calendar days of the date the inmate received the response. An appeal must be filed in all circumstances in order to exhaust administrative remedies.

(Con el fin de agotar los recursos administrativos, las apelaciones de las quejas se deben realizar en el plazo de 15 días después de que el recluso haya recibido la respuesta. La apelación se debe enviar en todos los casos a fin de agotar los recursos administrativos.)

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del preso:) Sept / 22 / 2020

The Cook County Sheriff's and Cermak Health have not done enough to protect me because they refuse to social distance in division 8. We are still housed in a dorm setting with almost 40 men with serious health issues.

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

Yes (Si) ☐No ☒

(Apelación del preso aceptada por el administrador o/su designado(a)?)

INMATE SERVICES DIRECTOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decisión o recomendación por parte del administrador o/su designado(a):)

CCDOC is in compliance with all current Covid-19 guidelines.

| | | |
|---|--|--------------------------|
| INMATE SERVICES DIRECTOR/DESIGNEE (Administrador o/su Designado(a)): Ve2ko | SIGNATURE (Firma del Administrador o/su Designado(a)): | DATE (Fecha): 9.28.20 |
|---|--|--------------------------|

INMATE SIGNATURE (Firma del Preso):

Deliv Via COVID19

DATE APPEAL RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

10, 1, 20

Exhibit H



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

2022-00093

794313

THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY!

(! Para ser llenado solo por el personal de Inmate Services !)

- ☒ Emergency Grievance
☐ Grievance
☐ Non-Compliant Grievance

- ☐ Cermak Health Services
☐ Superintendent: _____
☐ Other: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

Mayo

PRINT - FIRST NAME (Primer Nombre):

Michael

INMATE BOOKING NUMBER (#de identificación del Preso)

20181127027

DIVISION (División):

8

LIVING UNIT (Unidad):

3F

DATE (Fecha):

Jan. 1, 2022

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grievance must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grievance is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grievance must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

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The grievance must not be a repeat submission of a grievance that previously received a response and was appealed.

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The grievance form must not contain more than one issue.

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DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso, o voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante.

La solitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED -

DATE OF INCIDENT
(Fecha del Incidente)Dec 30,
2021

REQUIRED -

TIME OF INCIDENT
(Horas del Incidente)9:00 AM -
8:00 PM

REQUIRED -

SPECIFIC LOCATION OF INCIDENT
(Lugar Especifico del Incidente)

Division 8 / 3F

REQUIRED -

NAME and/or IDENTIFIER(S) OF ACCUSED
(Nombre y/o identificación del Acusado)Cook County Sheriff's
CCDOC / Tom Dart

I am a 45 year old male with multiple health issues. I am currently housed in division 8 on the 3rd floor, where I have been for the last three years awaiting trial. On April 17, 2020 I tested positive for the Covid-19 virus, due to the poor living conditions of division 8. Now nearly two years later with multiple variations of the Covid-19 virus running rampant, CCDOC and Cermak Health continue to put my life in danger. During the later part of December 2021, an inmate by the name of Donald Haywood R47947 was placed on my cell.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

Cermak Health / Cameras / Security Staff

INMATE SIGNATURE: (Firma del Preso):

Michael Mayo

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

D. Wilson

SIGNATURE:

[Signature]

DATE CRW/PLATOON COUNSELOR RECEIVED:

1-4-22

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

(2053)

CONTROL #

INMATE ID #

THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY!

(Para ser llenado solo por el personal de Inmate Services!)

Emergency Grievance

☐ Grievance☐ Non-Compliant Grievance☐ Cermak Health Services☐ Superintendent: _____☐ Other: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

Mayo

PRINT - FIRST NAME (Primer Nombre):

Michael

INMATE BOOKING NUMBER (# de identificación del Preso)

20181127027

DIVISION (División):

8

LIVING UNIT (Unidad):

3F

DATE (Fecha):

Jan 1, 2022

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grievance must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grievance is not one of the following non-grievable matters: Inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grievance must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grievance must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grievance must not be a repeat submission of a grievance that previously received a response and was appealed.

The grievance must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grievance must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendario a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendario.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendario.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante.

La solitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED -
DATE OF INCIDENT
(Fecha del Incidente)Dec 30,
2021REQUIRED -
TIME OF INCIDENT
(Horas del Incidente)9:00 AM -
8:00 PMREQUIRED -
SPECIFIC LOCATION OF INCIDENT
(Lugar Especifico del Incidente)

Division 8/3F

REQUIRED - Cermak Health
NAME and/or IDENTIFIER(S) OF ACCUSED
(Nombre y/o Identificación del Acusado)Cook County Sheriff's
CCDOC / Tom Dart

of 3F. Donald was presumed cleared of the Covid-19 virus when placed on 3F. During Donald's short stay on 3F he complained to medical and security staff of not feeling well. Not until a week of Donald's complaint was he removed from the deck and tested for the Covid-19 virus (Dec 30, 2021). The following day Donald was replaced with another inmate, who came directly off the street. This inmate was not tested for Covid-19 nor was he placed in quarantine, which is protocol for someone coming right off the street.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

Cermak Health / Cameras / Security Staff

INMATE SIGNATURE: (Firma del Preso):

Michael Mayo

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

(3 of 3)

CONTROL #

INMATE ID #

THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY!

(! Para ser llenado solo por el personal de Inmate Services !)

| | |
|---|--|
| <input checked="" type="checkbox"/> Emergency Grievance <input type="checkbox"/> Grievance <input type="checkbox"/> Non-Compliant Grievance | <input type="checkbox"/> Cermak Health Services <input type="checkbox"/> Superintendent: _____ <input type="checkbox"/> Other: _____ |
|---|--|

| | | |
|---|---|--|
| PRINT - INMATE LAST NAME (Apellido del Preso): <i>Mayo</i> | PRINT - FIRST NAME (Primer Nombre): <i>Michael</i> | INMATE BOOKING NUMBER (# de identificación del Preso): <i>20181127027</i> |
| DIVISION (División): <i>8</i> | LIVING UNIT (Unidad): <i>3F</i> | DATE (Fecha): <i>Dec. Jan. 1, 2022</i> |

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grievance must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grievance issue is not one of the following non-grievable matters: Inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grievance issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grievance issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grievance issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grievance issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grievance issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante.

La solicitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

| | | | |
|--|---|---|--|
| REQUIRED - DATE OF INCIDENT (Fecha del Incidente) <i>Dec 30, 2021</i> | REQUIRED - TIME OF INCIDENT (Horas del Incidente) <i>9:00 AM</i> <i>8:00 PM</i> | REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Especifico del Incidente) <i>Division 8 / 3F</i> | REQUIRED - NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o identificación del Acusado) <i>Cook County Sheriff's</i> <i>CCDOC / Tom Dort</i> |
|--|---|---|--|

On the morning of Dec 31, 2021, our tier of 3F was informed that Donald Haywood had tested positive for the Covid-19 virus and our cell was now on quarantine. It is clear from these two situations CCDOC and Cermak Health have not learned from their mistakes. There are both gross failure to protect issues that can not be explained in any way other than a violation of my rights to be housed in a safe environment.

| | |
|---|---|
| NAME OF STAFF FOR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: (Nombre del personal o presos que tengan información): <i>Cermak Health / Cameras / Security Staff</i> | INMATE SIGNATURE: (Firma del Preso): <i>Michael Mayo</i> |
|---|---|

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

| | | |
|--|----------------------------------|---|
| CRW/PLATOON COUNSELOR (Print): <i>D. Wilson</i> | SIGNATURE: <i>[Signature]</i> | DATE CRW/PLATOON COUNSELOR RECEIVED: <i>1-4-22</i> |
| SUPERINTENDENT/DIRECTOR/DESIGNEE (Print): | SIGNATURE: | DATE REVIEWED: |

COUNTY SHERIFF'S OFFICE
 (Alguacil del Condado de Cook)
 INMATE GRIEVANCE RESPONSE/APPEAL FORM
 (Formulario de Queja del Preso/ Apelación)

I.I.C. COPY

CONTROL NUMBER

INMATE #

2022-00093 794313

INMATE INFORMATION TO BE COMPLETED BY INMATE SERVICES PERSONNEL ONLY

LAST NAME (Apellido del Preso):

Mayo

INMATE FIRST NAME (Primer Nombre):

Michael

ID Number (# de Identificación):

2018-1127027

GRIEVANCE ISSUE AS DETERMINED BY CRW:

OOO Covid 19 DOC

IMMEDIATE CRW RESPONSE (if applicable):

CRW/ REFERRED THIS GRIEVANCE TO (Example: Superintendent, Cermak Health Services):

Supt RTU

DATE REFERRED:

1/15/21

RESPONSE BY PERSONNEL HANDLING REFERRAL

STEPS ARE BEING TAKEN TO COMBAT THE SPREAD
 OF COVID 19

PERSONNEL RESPONDING TO GRIEVANCE (Print):

LT MORALES

SIGNATURE

DIV/DEPT

08

DATE:

1/13/21

INMATE SIGNATURE (Firma del Preso):

Michael Mayo

DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

Jan 120/2022

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

To exhaust administrative remedies, grievance appeals must be made within 15 calendar days of the date the inmate received the response. An appeal must be filed in all circumstances in order to exhaust administrative remedies.

(Con el fin de agotar los recursos administrativos, las apelaciones de las quejas se deben realizar en el plazo de 15 días después de que el recluso haya recibido la respuesta. La apelación se debe enviar en todos los casos a fin de agotar los recursos administrativos.)

I.I.C. Serv.
 Copy

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del preso):

Jan 120/2022

The entire world has been aware of the virus for over a year. The steps to be taken should already have been in place. The facility nor its staff are protecting me from this virus. Continuing to say you are taking steps to protect me is not enough. Why was I not tested?

ADMINISTRATOR/DISEGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

Yes (Si) ☐ No (No) ☒

(Apelación del preso aceptada por el administrador o/su designado(a)?)

A 2nd review was completed. R/Dir. unable to substantiate allegation regarding other I.I.C.'s health status due to HIPPA laws; however, please be reminded that adjusted security and safety measures are being implemented continuously to meet the population need(s). Original Response to Stand.

INMATE SERVICES DIRECTOR/DISEGNEE (Administrador o/su Designado(a)):

J. Mueller

SIGNATURE (Firma del Administrador o/su Designado(a)):

DATE (Fecha):

1/25/22

INMATE SIGNATURE (Firma del Preso):

Delv Via COVID19

DATE APPEAL RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

FEB 1 2022



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY !

(! Para ser llenado solo por el personal de Inmate Services !)

- ☐ Emergency Grievance
☐ Grievance
☐ Non-Compliant Grievance

- ☐ Cermak Health Services
☐ Superintendent: _____
☐ Other: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del Preso)

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grievance must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grievance is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearing officer.

The grievance must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grievance must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grievance must not be a repeat submission of a grievance that previously received a response and was appealed.

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The grievance must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente reciba y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante.

La solitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED -
DATE OF INCIDENT
(Fecha del Incidente)REQUIRED -
TIME OF INCIDENT
(Horas del Incidente)REQUIRED -
SPECIFIC LOCATION OF INCIDENT
(Lugar Especifico del Incidente)REQUIRED -
NAME and/or IDENTIFIER(S) OF ACCUSED
(Nombre y/o identificación del Acusado)

Feb. 9, 2022

8:00AM

Division 8/3F

Tom Dart
SHERIFFS Dept. (CCDOC)
Cermak Health

Today Feb 9, 2022 inmate Earl Wilson was removed from our deck because of exposure to COVID-19. This is now the second time we have been placed under quarantine in less than a month. The jail claims they are taking steps to protect us, but they are not working. We have been asking for hand sanitizer for over a week with no results. The masks that are provided are the cheapest on the market. Worldwide it has been advised that the KN95 mask be used to protect from the COVID-19 virus. CCDOC continues to fail at protecting me from the virus.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE: (Firma del Preso):

Officer Brown / Nurse Anderson

Michael Mayo

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

**COOK COUNTY SHERIFF'S OFFICE**

(Oficina Del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE/ APPEAL FORM

(Formulario de Queja del Preso/ Apelación)

CONTROL NUMBER

INMATE #

C83-1

994312

INMATE INFORMATION TO BE COMPLETED BY INMATE SERVICES PERSONNEL ONLY

INMATE LAST NAME (Apellido del Preso):

INMATE FIRST NAME (Primer Nombre):

ID Number (# de Identificación):

GRIEVANCE ISSUE AS DETERMINED BY CRW:

IMMEDIATE CRW RESPONSE (If applicable):

CRW/ REFERRED THIS GRIEVANCE TO (Example: Superintendent, Cermak Health Services):

DATE REFERRED:

RESPONSE BY PERSONNEL HANDLING REFERRAL

Surgical masks are effective against COVID19, if worn properly and are passed out daily with cleaning elements. Hand sanitizer is available upon request but not placed on table. Provision are distributed every Tuesday and Wednesday and include soap. We have your hand with soap regularly for all part of security is a good habit for sanitizer.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

LT. Sanchez

LT. Sanchez

PRTA

02/24/22

THIS SECTION IS TO BE COMPLETED BY INMATE!

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

Michael Mayes

Mo 1/1/2022

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)**THIS SECTION IS TO BE COMPLETED BY INMATE!**

To exhaust administrative remedies, grievance appeals must be made within 15 calendar days of the date the inmate received the response. An appeal must be filed in all circumstances in order to exhaust administrative remedies.

(Con el fin de agotar los recursos administrativos, las apelaciones de las quejas se deben realizar en el plazo de 15 días después de que el recluso haya recibido la respuesta. La apelación se debe enviar en todos los casos a fin de agotar los recursos administrativos.)

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del preso):

The world knows that the KN95 mask is the best protection to prevent the spread of COVID19. CDC continues to promote the use of the mask. The mask is available in the canteen and the kitchen.

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

Yes (Si) ☐No ☒

(Apelación del preso aceptada por el administrador o/su designado(a)?)

INMATE SERVICES DIRECTOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a).)

Original Response to Jan

INMATE SERVICES DIRECTOR/DESIGNEE (Administrador o/su Designado(a)):

SIGNATURE (Firma del Administrador o/su Designado(a)):

DATE (Fecha):

J. Mueller

J. Mueller

3/4/22

THIS SECTION IS TO BE COMPLETED BY INMATE!

INMATE SIGNATURE (Firma del Preso):

DATE APPEAL RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

Delv Via COVID19

MAR 8 2022

Michael Mayo
20181127027
2700 South California
Chicago, IL 60608

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

SEP 01 2022

RECEIVED

Office of Clerk of the U.S. District Court
United States Courthouse
219 South Dearborn Street
Chicago, IL 60604

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

SEP 01 2022

RECEIVED



09/01/2022-4

NEOPOST
08/26/2022
US POSTAGE \$009.25⁰
ZIP 60608
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